

Department for Medicaid Services Hearing Program Fee Schedule December 2013

Coverage only for KY Medicaid recipients under age 21			
NOTICE: ANY AUDIOLOGY/HEARING CLAIM THAT REQUIRES THE SUBMISSION OF AN INVOICE MUST BE SUBMITTED VIA A PAPER CLAIM			
Procedure Code	Procedure Name	Procedure Rate	Comments
92541	SPONTANEOUS NYSTAGMUS TEST	\$31.41	
92542	POSITIONAL NYSTAGMUS TEST	\$27.75	
92543	CALORIC VESTIBULAR TEST	\$35.33	
92544	OPTOKINETIC NYSTAGMUS TEST	\$21.45	
92545	OSCILLATING TRACKING TEST	\$18.45	
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	\$23.94	
92547	USE OF VERTICAL ELECTRODES	\$15.67	
92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	\$12.24	AUDIOLOGY TESTING REQUIRES A PHYSICIAN'S REFERRAL
92555	SPEECH AUDIOMETRY THRESHOLD	\$10.63	
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	\$15.94	
92557	COMPREHENSIVE AUDIOMETRY EVALUATION	\$33.47	
92567	TYMPANOMETRY	\$14.87	
92568	ACOUSTIC REFLEX TESTING	\$10.63	
92579	VISUAL REINFORCEMENT AUDIOMETRY	\$20.21	
92585	AUDITORY EVOKED POTENTIALS	\$109.38	
92586	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF CENTRAL NERVOUS SYSTEM, LIMITED (E.G. ADVANCED NRT)	\$49.67	Effective 1/1/14
92587	EVOKED OTOACOUSTIC EMISSIONS	\$43.18	
92588	COMP OR DIAGNOSTIC EVAL (COMPARISON OF TRANSIENT AND/OR DISTORTION PRODUCT OTOACOUSTIC EMISSIONS AT MULTIPLE LEVELS AND FREQ.)	\$60.05	
92601	COCHLEAR IMPLT F/UP EXAM <7	\$87.63	Effective 1/1/14
92602	REPROGRAM COCHLEAR IMPLT 7/ >	\$53.34	Effective 1/1/14
92603	COCHLEAR IMPLT F/UP EXAM 7/ >	\$87.63	Effective 1/1/14
92604	REPROGRAM COCHLEAR IMPLT 7/ >	\$52.49	Effective 1/1/14
92626	EVALUATION OF HEARING REHABILITATION	\$53.42	Effective 1/1/14
92627	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES	\$12.80	Effective 1/1/14
V5010	ASSESSMENT FOR HEARING AID	\$26.00	
V5011	SIX-MONTH CHECK-UP	\$5.00	

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V5014	PROF FEE+REPAIR OF AID (MAXIMUM ALLOWABLE AMOUNT)	\$115.00	
V5020	CONFORMITY EVALUATION	\$9.75	UP TO 3 VISITS WITHIN 6 MO PERIOD
V5030	BODY-WORN HEARING AID AIR	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5040	BODY-WORN HEARING AID BONE	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5050	HEARING AID MONAURAL IN EAR	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5060	BEHIND EAR HEARING AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5090	HEARING AID DISPENSING FEE	\$150.00	EFFECTIVE 11/20/07
V5120	BINAURAL BODY AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5130	IN EAR HEARING AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5140	BEHIND EAR HEARING AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5160	DISPENSING FEE, BINAURAL	\$200.00	EFFECTIVE 11/20/07
V5170	WITHIN EAR CROS HEARING AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5180	BEHIND EAR CROS HEARING AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5210	IN EAR BICROS HEARING AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5220	BEHIND EAR BICROS HEARING AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5261	HEARING AID DIGITAL BINARAL BTE	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5264	EARMOLD	\$40.00	
V5266	REPLACEMENT BATTERY	\$2.00	
V5267	PRO FEE REPLACE CORD	\$21.50	
V5299	ADAP HEARING AID WITH BONE OSCILLATOR/HEADBAND	\$60.00	